



**SUMMARY NOTICE OF PRIVACY PRACTICES**

THIS IS A SUMMARY OF OUR NOTICE OF PRIVACY PRACTICES, WHICH DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

**Our Pledge to Protect Your Privacy:**

Our medical office is committed to protecting the privacy of our information. Your care and treatment is recorded in medical record, So that we best meet your medical needs, we share your medical record with all the health care providers involved in your care. We share your information only to the extent necessary to collect payment for the services we provide, to conduct our business operations, and to comply with the laws that govern health care. We will not use or disclose your information for any other purpose without your permission.

You have the following rights regarding your medical information:

- to inspect and obtain a copy of your medical records, subject to certain limited exceptions ;
- to add an addendum to or correct your medical record;
- to request an accounting of.' disclosures your medical information ;
- to request restrictions on certain uses or disclosures of your medical information;
- to request that we communicate with you in certain way or at a certain location; and
- to receive a copy of the full version of our Notice of Privacy Practices,

We may use and disclose medical information about you for the follow purposes:

- to provide you with medical treatment amid services;
- to bill and receive payment for the treatment and services you receive;
- for functions necessary to run our office and assure that our patient receive quality care:

There are additional situations where we may disclose medical information about you without your authorization, such as:

- for *worker's* compensation or similar programs;
- for public health activities (e.g., reporting abuse or reactions to medications);
- to a health oversight agency., such as the California Department of Health Services;
- in response to a court or administrative order, subpoena, warrant or similar process;
- to law enforcement officials in certain limited circumstances:
- to a coroner, medical examiner or funeral director: and
- to organizations that handle organ. eye, or tissue procurement or transplantation.

Our Notice may be revised or updated from time to time. Please see our full Notice of Privacy Practice for a more detailed description of our privacy practices, your rights regarding your medical information amid pertinent contact information.

For further information about the full Notice Of Privacy Practices, please contact Molly F. Rad; Privacy Officer at (650) 864-0000 during business hours.

I hereby acknowledge that I received a copy of this medical practice's Notice of Privacy Practices. I further acknowledges that a copy of the current notice will be posted in the office area.

Patient Name: \_\_\_\_\_ Relationship; \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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